

**Breast Cancer Control Advisory Board
Regular Second Quarter Meeting**

**October 28, 2014
Minutes**

Attending Board Members:

Dr. Ronda Henry-Tillman, Sarah Faitak, Dr. Hope Keiser, Dr. John Lynch (via teleconference), Sharon Parrett, Alicia Storey (via teleconference), and Debra Walden (via teleconference).

Absent Board Members:

Dr. Jerri Fant

Arkansas Department of Health (ADH):

Crystal Foreman, Vada Harrell, Rachel Johnson, Joanne Jones, David Kern, Polly Lockett-Fox, Geray Pickle, Cheryl Roland, Reginald A. Rogers and Brandy Sutphin.

Other Organizations:

Royce Pinkard (Hewlett Packard (HP) Enterprise) and Laprishia Bennett (The Witness Project)

I. Call to order:

Dr. Ronda Henry-Tillman, Co-Chair, called the meeting to order at 5:03 p.m.

A. Welcome and Introductions:

B. Joanne Jones, ADH Community-Clinical Domain Lead/ BreastCare Program Director, introduced Marisa Nelson, the Chronic Disease Prevention and Control Branch (CDPCB) Health Educator who has been with the department since May 27.

B. Comments from members of the public

There were no comments from the public.

II. Board Business

A. Review and Approval of Minutes from the July 22, 2014, meeting

Dr. Hope Keiser made a motion to approve the minutes from the July 22, 2014, meeting and Dr. John Lynch seconded the motion. The motion to approve the minutes was approved without discussion.

**B. Review of State Program Income and Expenditures
for FY2015, First Quarter, ending September 30, 2014**

Ms. Jones reviewed the expenditure report for July 1, 2014, through September 30, 2014 (page nine through page 11 of the meeting packet), expenditures for the First Quarter of Fiscal Year 2014-2015. She noted that enrollment was down and expenditures were down and that the program had \$35,000 more revenue than expenses in September 2014.

Dr. Henry-Tillman asked if enrollment was down because of the effect of the Affordable Care Act or if the BreastCare Program was reaching fewer women. Ms. Jones said she believed it was a result of the Affordable Care Act making health insurance available to more women who otherwise would seek help with the BreastCare Program.

Dr. Henry-Tillman asked if the BreastCare Program was tracking whether women were getting screened through the Affordable Care Act instead of through the BreastCare Program. Ms. Jones said the program is using several methods to determine where women who need BreastCare Program services live. She said the program is working with the Arkansas Department of Human Services (DHS) to sift through DHS health coverage enrollment data to better determine coverage data by county for women aged 40-64 who could participate in the BreastCare Program.

Ms. Jones said a "Pink Map" was not included in the meeting packet. This map is used to estimate the number of eligible women and percent enrolled in the BreastCare Program. Brandy Sutphin, ADH epidemiologist, said available numbers do not take into account the Affordable Care Act and are based on 2012 Census Bureau community information which predates when the Affordable Care Act went into effect.

Dr. Henry-Tillman said it was going to be interesting to see if more women were going to be screened or if there would be a shift in diagnoses because it would give the BreastCare Program an opportunity to see what could be done differently with its funds to ensure that the program could still be justified to state lawmakers who approved its funding. Initially, the program focused on funds for screening, but now with the Affordable Care Act, if it stays around, the program may look at access and ways of getting people in.

Ms. Jones said in trying to project where the BreastCare Program should focus, the staff will look at some county estimates from previous data and newer data to better identify the focus of the program. She mentioned that her staff is using a new type of report which would report by month, referral source, patients' income, age of enrollee and provider.

Sharon Parrett asked if BreastCare staff have talked to any charitable clinics to follow up to see if more people have insurance because she said some clinics are moving to case management. (She said the Charitable Christian Clinic, of Hot Springs, where Lynn Blankenship is the executive director, is one such clinic.) Ms. Jones said there is no effort to target charitable health clinics, but that her staff works closely with community health clinics across the state. She also said, through the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) program, her staff has been seeking providers and has been in contact with Harmony Health Clinic.

Regional care coordinators are working in their regions to attend commodity clinics and find eligible women to enroll.

Dr. Henry-Tillman suggested that mammography screening facilities might be able to supply information to compare with county census data to determine target areas for reaching eligible women. She said that would help determine if the Affordable Care Act is having an impact. Dr. Henry-Tillman said that since the 1-800 Call BreastCare telephone number was discontinued, many people, including providers, believe the BreastCare Program was discontinued.

Dr. John Lynch asked for an update on use of the \$2 million which the Arkansas General Assembly appropriated in March to treat women whose family income fell between 139-250 percent of the Federal Poverty Level. Ms. Jones said 91 women were processed

As of Friday, October 24, Ms. Jones said 35 women have received treatment paid for through the program, and of these 35, there are 27 women continuing to receive treatment. The rest of the women were navigated to health coverage which they did not realize they had. She emphasized that BreastCare staff do not delay treatment while waiting for coverage decisions.

Dr. Lynch asked for a breakdown by state health regions where these patients were located. Ms. Jones responded with a tally on the 91 women, of whom in the Northwest Region, there were 36; Northeast Region, 14; Central Region, 30; Southeast Region, six, and the Southwest Region, five. From the start of the program, \$184,651 has been spent through October 24 of the \$2 million appropriated. Dr. Lynch asked for a regional breakdown in future reports. Dr. Henry-Tillman requested and Ms. Jones agreed to provide a summary on use of the \$2 million appropriation in future meeting reports.

Ms. Jones said the appropriation can be used until it is gone. Geray Pickle, CDPCB Fiscal, Admin Lead, said it can roll over across fiscal years. Dr. Henry-Tillman asked if any of the money was used to pay co-pays for any patients, if they qualified for insurance coverage. Ms. Jones said that has not been done. It was discussed at the last board meeting, and Ms. Jones said that has been discussed with management in the ADH Center for Health Advancement, and the infrastructure to do that is a large issue. Dr. Henry-Tillman asked what was needed, and Ms. Jones said people to do it.

Ms. Pickle said that would be quite different from the way the program is set up, because a copay is an individual's responsibility. Right now, the program pays providers, not necessarily individual patients, she said. It's an infrastructure issue, and the program is trying to work through to see what it can do.

Ms. Parrett asked if the copays could be paid to the provider, instead of the patient having to pay. Dr. Henry-Tillman said it would appear that the money could go much further. It's a thought to look at to make sure we help individuals get treatment, she said. Ms. Jones said historically, prior to January 1, 2014, the Department collected and prepared a proposal, and there was a \$7 million estimate on what it would take to pay premiums, based on projections and staff.

Dr. Henry-Tillman directed that BreastCare Program Staff review what it would take to pay premiums and provide a report to the board, in case state lawmakers ever questioned why it was not done, and that based on projections, it was not feasible, and the Health Department felt this was the best way to utilize the funds. Ms. Parrett said this documentation could defend against program cutbacks and justify holding on to the money. Ms. Jones said the agency is preparing or collecting information on treatment dollars for legislators. Dr. Lynch said Ms. Jones' responses covered some of the information he was seeking and that he was assured that the money was being spent and providers were being made aware of it.

There were no other questions or comments on BreastCare Program finances.

C. BreastCare Quarterly Enrollment Reports

Cheryl Roland, BreastCare Program Data Manager, gave the BreastCare enrollment report. She said 1,417 women enrolled from July 1 to September 30, FY2015, represents about a 50 percent decline from where the program was last year at this time. She said that the picture could change, depending on what happens in the state and the nation after the (Nov. 4) election. The BreastCare Program did develop an assessment or eligibility report to track enrollment better, including a look at who referred women to the program. Ms. Roland said a large number of women were referred by the ADH web site and providers also were a good source of referrals. If women receive insurance coverage while they are in the BreastCare Program, the report can track that, as well, so if they leave the program staff can track if they go to private insurance, Medicaid or the private option.

Dr. Henry-Tillman commented on Table 5 of the enrollment report which lists breast cancer diagnoses and suggested that staff also look at atypical breast cancer lesions because that is an opportunity for prevention. Under individuals who have to have a biopsy, those individuals will go on prevention medication, she said, and is another way to capture some of that information.

Ms. Parrett asked if the program has been able to track women who are enrolled now that the program has increased the eligibility limit to 250 percent of the Federal Poverty Level (FPL) from 200 percent. Ms. Roland said the program was seeing an increase in enrollment because of that, as the word gets out.

Dr. Henry-Tillman asked if the program could get diagnoses by the cancer stage during which women enrolled. Ms. Jones said the annual program report lists the stage. Dr. Henry-Tillman said that information could help direct intervention to a particular region where several similar types of cancer are found.

There were no other questions or comments on the quarterly program reports.

III. Other Board Business

A. Contractor Reports

Vada Harrell, BreastCare Program Administrator, summarized the contractor reports.

1. The Communications Group (TCG)

TCG has begun discussion with Donna Terrell, a local Fox News anchorwoman, to help with nominations for the annual Josetta Wilkins award nominations. There is a link on the ADH web site so that people can nominate individuals for that award. The provider update newsletter has been distributed, and program staffers are working with The Communications Group on the next provider update.

2. HP (Hewlett-Packard)

This report covered billing and claims, provider training and outreach, as well as the number of telephone calls for billing assistance. Royce Pinkard of HP attended the meeting. Dr. Henry-Tillman asked if it was a bad thing that only 30 percent of people contacted open their email. Ms. Harrell said 30-35 percent was a pretty good average.

3. The Witness Project, University of Arkansas for Medical Sciences (UAMS)

Laprisha Bennett, of UAMS, attended the meeting and reported that The Witness Project was working on getting the WISEWOMAN Program going in Pulaski County. She said the BreastCare program has not yet designed a system for counting how The Project is providing education, outreach and recruitment of African-American clients for the WISEWOMAN Program. Dr. Henry-Tillman commented that there was work to be done in larger counties like Pulaski and those in Northwest Arkansas because the rates of enrollment there were not as high as some people might think they are, even though there are mammography facilities available. Ms. Jones said traditionally at this time of year the health department has flu shot clinics, where mammogram services are available, but those clinics have been delayed.

4. BreastCare Program Media Contract ends June 30, 2015.

Ms. Harrell said the program will release in January 2015 a request for a proposal for a new contract.

B. Health Educator Report

Marisa Nelson, CDPCB Health Educator, gave a report on Pink Carnation Sunday and other outreach activities. She said the toolkit and forms are on the ADH web site and will remain there throughout the year, so that Pink Carnation outreach can continue beyond October. So far, 14 churches and approximately 500 women were involved in the program through regional care coordinators.

She said there has been a demand for speakers at churches to discuss breast cancer in general, risk factors, the data for Arkansas, generally why mammograms are important, the BreastCare Program and what services it provides and the reason why

churches are important to join the effort to encourage women to get mammograms. There had been a speakers' bureau, and she asked if board members were interested in that program because requests for speakers come to program staff.

Dr. Henry-Tillman said a speakers' bureau is important and had been discussed at a board meeting. She suggested that a list of people who could speak be provided on the ADH web site and be sent to individuals seeking speakers. She also suggested that program staff send a letter to experts in the breast cancer field from each region of the state and ask them to be speakers in those regions. Dr. Henry-Tillman suggested that internists, breast surgical oncologists, radiation oncologists, nurses, PhDs, gynecologists and many individuals who could speak on breast and cervical cancer.

Ms. Jones told board members to contact Ms. Nelson if they have suggestions about speakers. Dr. Henry-Tillman said she could provide a list and that staff could build a list among providers serving the program. Sarah Faitak suggested that regional care coordinators would have good suggestions, too.

C. Miscellaneous Program Business

Ms. Jones said the BreastCare Program will be fully staffed. A third nurse was scheduled to start November 10. The Arkansas Cervical Cancer Task Force met in August and will meet again November 6. Dr. Jennifer Dillaha is the task force chair, and the group will review the cervical cancer chapter of the Arkansas Cancer Plan and, if necessary, report to the Breast Cancer Control Advisory Board. Dr. Henry-Tillman suggested that a Task Force member could come to the Breast Cancer Control Advisory Board to discuss what it is recommending for the cancer plan.

D. Miscellaneous Board Members' Business

Dr. Henry-Tillman said the American Cancer Society was initiating its first *Making Strides for Breast Cancer* event Saturday, Nov. 1, as another way to provide information about the BreastCare Program. She said she was concerned because of many changes in insurance programs that people might think the BreastCare Program was going away. She said people need to know that the breast and cervical cancer programs were still in existence. She asked how the program staff is getting the word out.

Ms. Harrell said there is a radio ad in the approval process which indicates there is a change in eligibility that the program is still in existence and that cervical cancer is being addressed. She said those ads will probably run in December and January. Dr. Henry-Tillman suggested putting up billboards in different areas of the state. Ms. Jones said that was done in the past.

Ms. Parrett said she attended a nursing convention last week for the southern part of the state and asked whom she should contact for speakers. Ms. Jones said she could contact either herself or Ms. Nelson, and unfortunately the Southwest Region is presently without a regional care coordinator. Those duties are being filled by two nurses within that region. We can take those calls and make sure those requests are handled.

Ms. Parrett said El Dorado and Pine Bluff were two areas seeking speakers. Ms. Jones said El Dorado was in the Southwest Region and that Pine Bluff was in the Southeastern Region which was handled by Verna Ferry in Monticello. Ms. Jones also said the ADH web site lists the regional care coordinators and their contact information. The web link for BreastCare contact information is:

<http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Pages/ContactUs.aspx>

Dr. Henry-Tillman asked when was the last time the BreastCare Program performed a needs assessment. At some point, the program needs to do that to report back to state lawmakers. Ms. Jones said Centers for Disease Control and Prevention (CDC) project officers for WISEWOMAN and breast and cervical care programs visited the Department in September and said that Arkansas was not alone and that many states are trying to navigate the post-Affordable Care Act landscape. She said the project officers said to use this time to look closely at the program needs.

Dr. Henry-Tillman said the American Cancer Society is doing that, and she asked if Arkansas as one of the states in the Mid-South Division could partner with the society to examine program needs. She said if lawmakers see that there is a 50 percent decrease in utilization, someone else will ask for that money. Ms. Faitak said the Ozark affiliate of the Komen Foundation is working on a needs assessment. Dr. Keiser said she has information that Komen Arkansas and Komen Texarkana are working on community profiles for needs assessments.

Reginald A. Rogers, ADH Legal Counsel, reminded the board that Dr. Jerri Fant's and Ms. Faitak's terms as board members expire January 1, 2015. He said that program staff should send a letter to the governor's staff indicating that appointments or reappointments, if members want to continue to serve, are needed. With the new administration and convening of the General Assembly he said it could get quite hectic, but that members would continue to serve until they are told that they no longer serve. There was a board meeting at the end of January, and there might be some delay in appointments, he said. Ms. Jones said her staff would let organizations being represented know about the term expirations. The board members' terms are listed on the annual BreastCare Program report and the BreastCare web page, at <http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Pages/AdvisoryBoard.aspx>

Summarizing action items for the next meeting, Dr. Henry-Tillman said there was the needs assessment, the speakers' bureau to obtain speakers in different parts of the state to address groups in their communities, and the best use of program money.

Ms. Jones said the Department was in the process of posting the approved minutes of the board on the ADH web site. The minutes will not be posted until they are approved by the board.

IV. Closing

Dr. Henry-Tillman adjourned the meeting at 5:55 p.m.

The next regular quarterly meeting of the board is January 27, 2015.